

Idaho Department of Health & Welfare

Application for Certified Family Support Partner by Reciprocity

Division of Behavioral Health

Barnett, Jennifer - CO 3rd
1/8/2016

Application for Family Support Partner Certification by Reciprocity

Family Support Partner Application Checklist

The following tool is for you to ensure your application is complete prior to submission to the Division of Behavioral Health for certification.

- ☐ I am at least eighteen (18) years of age
- ☐ I have submitted a copy of my training certificate
- ☐ I have a completed and signed an application for Certification with a Statement of Personal Experience
- ☐ I have enclosed a Education Experience Summary
- ☐ I have enclosed my Acknowledgement of Certified Family Support Partner Code of Ethics.
- ☐ I have completed 10 Continuing Education/Training hours since certification and 1 hour is on the topic of Ethics.

Application for Family Support Partner Certification by Reciprocity

Certified Family Support Partner Application Instructions

Dear Family Support Partner Applicant,

Thank you for your interest in peer delivered services through Family Support Partner certification through the Division of Behavioral Health (DBH). The life experience of raising a child who is living with a behavioral health diagnosis is a unique parenting experience best shared with someone who has successfully navigated the various systems of care. You are commended on your commitment to quality mental health services by seeking certification.

Throughout the certification process you may have many questions, so feel free to contact our office at any time. We are here to help you!

Call 208-639-5720 or email PeerSpecCert@dhw.idaho.gov

To efficiently move through this process, follow these steps:

- Read this letter thoroughly
- Review the certification Frequently Asked Questions (FAQ) page and visit the website at:
- <http://healthandwelfare.idaho.gov/Medical/MentalHealth/PeerSpecialistsFamilySupportPartners/tabid/2935/Default.aspx> so you are familiar with the requirements, process, and the Code of Ethics.
- Complete the attached application either via email or handwritten using blue or black ink. You may submit the application through email to: PeerSpecCert@dhw.idaho.gov

Or mail your application to:

Division of Behavioral Health
450 W. State Street 3rd Floor
Boise, ID 83702
Attn: Peer Certification Oversight Committee/Family Support

- Refer to the checklist in the application to ensure that you are submitting all the required documentation.

Once we have received your completed application, you will be notified by mail or email that your application has been received and/or if there are additional documents needed. If your application is complete upon initial review, then it will be reviewed by the Certification Oversight committee for final processing. Within thirty (30) days of initial receipt, you will receive either

Application for Family Support Partner Certification by Reciprocity

a certificate and letter in the mail or a letter stating reasons for denial and your rights to file a grievance regarding the decision.

An application for reciprocity may be obtained if you provided Family Support Partner services and were certified in another state prior to your application with the state of Idaho. If your application contains the following, you may be granted a full certification by reciprocity.

- A complete and signed application with signatures
- Completed and passed a Family Support Partner training and certification exam within the last two years of the date of your application. Provide documentation of the training you received and the training/certifying organization or agency so that it can be verified.
- Please provide documentation of your Family Support Partner work/volunteer experience documenting continued practice of your skills as a Family Support Partner in the application.
- Complete the Statement of Personal Experience in the application
- Provide documentation of any Continuing Education/training hours in the application you have received since your certification and before submission of this application.
- Complete an Education Experience Summary
- Complete a Code of Ethics Affidavit

If your application is complete upon initial review, then it will be reviewed by the Peer/Family Support Certification Oversight committee for final processing. Within thirty (30) days of initial receipt, you will receive either a certificate and letter in the mail or a letter stating reasons for denial and your rights to file a grievance regarding the decision.

If the DBH finds that your application for reciprocity is deficient for Idaho's requirements, a letter explaining needed requirements will be sent to you and any additional steps needed.

If you disagree with the outcome of your application for certification, you are able to file a grievance.

Please submit in writing your grievance to:

Division of Behavioral Health
450 W. State St. 3rd floor
Boise, ID 83702
Attn: Candace Falsetti, QA Program Manager
PeerSpecCert@dhw.idaho.gov

Application for Family Support Partner Certification by Reciprocity

Submit your valid factual reason for disputing the action you deem unjustified. Your grievance will be registered and reviewed and you will receive a response that your written grievance was received. A decision for your grievance will be made within 60 days of receipt. All decisions made on a submitted grievance are final.

If you are applying for the first time or to renew your certification, please go to the website at:

<http://healthandwelfare.idaho.gov/Medical/MentalHealth/PeerSpecialistsFamilySupportPartners/tabid/2935/Default.aspx>

to obtain the Initial Application for Family Support Partner and/or the Renewal Application for Family Support Partner.

Should you have questions, please feel free to contact us at: 208-639-5720

Thank you again for your interest in becoming a Certified Family Support Partner in Idaho.

Application for Family Support Partner Certification by Reciprocity

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

Please specify gender: ___M ___ F ___ Other

Please answer the following and provide any supporting documentation for your answers.

1. _____ am at least eighteen (18) years of age and able to work legally in the United States.

2. _____ I have a high school diploma, GED certificate, or a Bachelor's degree in the human services field from an accredited institution.

Graduate from: _____

Degree Earned: _____

Date Achieved: _____

3. _____ I am currently certified as a Family Support Partner

Date of Certification: _____

State of certification: _____

4. _____ I received my certification/training from a different Organization/Agency or Certifying body. Please provide documentation of your certificate and include contact information of the Organization/Agency or certifying body that provided your previous certificate for verification purposes.

5. _____ I have completed 100 hours of post exam work/volunteer experience if I have a Bachelor's degree in a human services field, or 200 hours post exam work/volunteer experience if I have a High School Diploma or GED certificate.

6. _____ I have completed ten (10) Continuing Education/training hours since certification. At least one (1) hour is in the topic of Ethics.

Application for Family Support Partner Certification by Reciprocity

7. _____ I am currently employed/volunteer as a Family Support Partner.

Employer: _____

Dates Employed: From: _____ To: _____

Current work/volunteer activities as a Family Support Partner:

If not currently employed or volunteer as a Certified Family Support Partner,
what is your plan to be actively practicing your skill set?

8. _____ I currently receive on-going supervision from my Supervisor.

Number of Hours worked/week as a Certified Family Support
Partner _____

Number of Supervision hours/week _____

Please document your past two (2) years of work as a Certified Family Support Partner

(Please attach additional pages of work/volunteer experience as needed)

1. Name of Employer/Agency: _____

Dates of Work/Volunteer

From: _____ To: _____

Reason for Leaving?

2. Name of Employer/Agency : _____

Application for Family Support Partner Certification by Reciprocity

Dates of Work/Volunteer

From: _____ To: _____

Reason for Leaving?

3. Name of Employer/Agency: _____

Dates of Work/Volunteer

From: _____ To: _____

Reason for Leaving?

Please document any continuing education hours you have received in the last two years. Include supporting documentation such as certificates of attendance that includes the name of the sponsoring agency/organization of the education/training hours. (Please attach additional pages as needed)

- | | | |
|----|-----------------|--------------------------------|
| 1. | _____ | _____ |
| | Title of course | Sponsoring agency/organization |
| | _____ | _____ |
| | Number of hours | Date |
| 2. | _____ | _____ |
| | Title of course | Sponsoring agency/organization |
| | _____ | _____ |
| | Number of hours | Date |
| 3. | _____ | _____ |
| | Title of course | Sponsoring agency/organization |
| | _____ | _____ |
| | Number of hours | Date |
| 4. | _____ | _____ |
| | Title of course | Sponsoring agency/organization |
| | _____ | _____ |
| | Number of hours | Date |

Application for Family Support Partner Certification by Reciprocity

5. _____
Title of course _____ Sponsoring agency/organization _____

Number of hours _____ Date _____
6. _____
Title of course _____ Sponsoring agency/organization _____

Number of hours _____ Date _____

Application for Family Support Partner Certification by Reciprocity

Statement of Lived Experience

Certified Family Support Partner Applicant (please print name)

My Primary Lived Experience is with: (Please check all those that apply)

- ☐ Parent or adult caregiver of a child or raised a child who lives with a behavioral health disorder diagnosis
- ☐ Parent or adult caregiver of a child or raised a child who lives with a Co-Occurring (Mental Illness and Substance Use Disorder)

Please answer the following questions to the best of your ability. Feel free to type or attach additional sheets of paper with your responses.

Why do you want to maintain your Family Support Partner certification?

What strengths do you possess that assist you in your work as a Family Support Partner?

What types of experiences have you had as a Family Support Partner for Families currently raising a child with a behavioral health disorder diagnosis? Please describe your skills learned in personal advocacy, navigating various systems, behaviors and attitudes of peer delivered services, empowering others, wellness, education/special education, child welfare, or other child related topics?

Describe your current employment or volunteer situation. If neither applies, how do you spend your time as a Family Support Partner?

Application for Family Support Partner Certification by Reciprocity

What challenges have you overcome through your training and work experience?

Describe how you have implemented what you learned through training and work as a Family Support Partner.

Is there anything else you want to let us know when considering your application?

☐ I acknowledge that my name and certification number, once granted, may be released if requested.

My signature below affirms that all of the information attached to, and contained in, this application is true and correct to the best of my knowledge. I understand that knowingly providing false information shall be grounds to terminate my certification.

Signature_____ Date_____

Application for Family Support Partner Certification by Reciprocity

Educational Experience Summary

If applicant has a bachelor's degree in a human services field from an accredited university, they are required to complete 100 hours of work experience within a year from completing the Idaho approved training. If applicant does not hold a bachelor's degree in a human services field, he/she must have a High School Diploma or GED and 200 hours of work experience.

Please provide verification of your level of Education including supporting documentation

I have a:

High School Diploma _____ Bachelor's degree _____ Other _____

My Signature below affirms that all of the information contained in this document is true.

Signature of Family Support Partner
Applicant

Date

Application for Family Support Partner Certification by Reciprocity

Acknowledgement of the Certified Family Support Partner Code of Ethics

By initialing and signing, you understand that you are required to follow the professional standards of conduct detailed in the Certified Family Support Partner Code of Ethics. Your initials and signature are required in this section.

By affixing my initials and signature below:

I acknowledge that I have received a copy of the most current Idaho Certified Family Support Partner's Code of Ethics and will be responsible for obtaining all future amendments and modifications thereto.

Initials _____

I further acknowledge that I have read and understood all my obligations, duties, and responsibilities under each principle and provision of the Certified Family Support Partner Code of Ethics and will read and understand all my obligations, duties, and responsibilities under all future amendments and modifications to the Code of Ethics.

Initials _____

Print full name

Date

Signature